MEETING

STATE OF CALIFORNIA

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

BOARD OF ADMINISTRATION

PENSION & HEALTH BENEFITS COMMITTEE

OPEN SESSION

ROBERT F. CARLSON AUDITORIUM

LINCOLN PLAZA NORTH

400 P STREET

SACRAMENTO, CALIFORNIA

WEDNESDAY, FEBRUARY 17, 2016 8:30 A.M.

JAMES F. PETERS, CSR CERTIFIED SHORTHAND REPORTER LICENSE NUMBER 10063

APPEARANCES

COMMITTEE MEMBERS:

- Ms. Priya Mathur, Chairperson
- Mr. Michael Bilbrey, Vice Chairperson
- Mr. John Chiang, represented by Mr. Grant Boyken
- Mr. Rob Feckner
- Mr. Richard Gillihan
- Ms. Dana Hollinger
- Mr. Henry Jones
- Ms. Theresa Taylor
- Ms. Betty Yee

BOARD MEMBERS:

- Mr. Richard Costigan
- Mr. J.J. Jelincic
- Mr. Ron Lind
- Mr. Bill Slaton

STAFF:

- Ms. Anne Stausboll, Chief Executive Officer
- Mr. Matt Jacobs, General Counsel
- Ms. Donna Lum, Deputy Executive Officer
- Mr. Doug McKeever, Deputy Executive Officer
- Mr. Alan Milligan, Chief Actuary
- Ms. Mary Anne Ashley, Chief, Legislative Affairs Division

APPEARANCES CONTINUED

STAFF:

Ms. Jan Falzarano, Interim Chief, Health Policy Research Division

Ms. Jennifer Jimenez, Committee Secretary

Mr. Anthony Suine, Chief, Benefit Services Division

ALSO PRESENT:

Mr. Tim Behrens, California State Retirees

Mr. George Linn, Retired Public Employees Association

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PROCEEDINGS

CHAIRPERSON MATHUR: Good morning, everyone. I'm going TO call the Pension and Health Benefits Committee to order. The first order of business is roll call.

COMMITTEE SECRETARY JIMENEZ: Priya Mathur?

CHAIRPERSON MATHUR: Good morning.

COMMITTEE SECRETARY JIMENEZ: Michael Bilbrey?

VICE CHAIRPERSON BILBREY: Good morning.

COMMITTEE SECRETARY JIMENEZ: Grant Boyken for

John Chiang?

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ACTING COMMITTEE MEMBER BOYKEN: Here.

COMMITTEE SECRETARY JIMENEZ: Rob Feckner?

COMMITTEE MEMBER FECKNER: Good morning.

COMMITTEE SECRETARY JIMENEZ: Richard Gillihan?

COMMITTEE MEMBER GILLIHAN: Here.

COMMITTEE SECRETARY JIMENEZ: Dana Hollinger?

COMMITTEE MEMBER HOLLINGER: Here.

COMMITTEE SECRETARY JIMENEZ: Henry Jones?

COMMITTEE MEMBER JONES: Here.

COMMITTEE SECRETARY JIMENEZ: Theresa Taylor?

COMMITTEE MEMBER TAYLOR: Here.

COMMITTEE SECRETARY JIMENEZ: Betty Yee?

COMMITTEE MEMBER YEE: Here.

24 CHAIRPERSON MATHUR: Terrific. Well, I want to

25 | welcome Dana Hollinger to the Committee. She's a new

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Committee member, and thank J.J. Jelincic for his service on the Committee. And I also want to just welcome to the -- to the dais, J.J. Jelincic is her, and Ron Lind, and Bill Slaton are also here with us today.
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Okay. So let's move on to the Agenda Item number 2, Election of the Pension and Health Benefits Committee Chair and Vice Chair. And I'm going to turn it over to the Vice Chair to run the Chair election.

VICE CHAIRPERSON BILBREY: All right.

CHAIRPERSON MATHUR: You're on. Oh, no, you're not on. I'm sorry. My fault.

VICE CHAIRPERSON BILBREY: Good morning. I'll open nominations for Chair of the Pension and Health Benefits Committee, and I'll call on Ms. Hollinger.

COMMITTEE MEMBER HOLLINGER: Thank you. It's my honor to nominate Priya Mathur as Chair. She's done an excellent job in leading this committee through very challenging issues in navigating health care. And it's my pleasure to nominate her.

CHAIRPERSON MATHUR: Thank you.

VICE CHAIRPERSON BILBREY: Do we need a second?

CHAIRPERSON MATHUR: You don't need a second.

VICE CHAIRPERSON BILBREY: Any other nominations?

Any other nominations?

Any other nominations?

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1
             Seeing none. A vote by acclamation for Priya
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    Mathur as Chair of the Pension and Health Benefits
    Committee.
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             All those in favor say aye?
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             (Ayes.)
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             VICE CHAIRPERSON BILBREY: Opposed?
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             Motion carries.
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             Did I do it right?
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             (Applause.)
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             VICE CHAIRPERSON BILBREY: You'll have to forgive
   me. I'm a little off today. I actually need that to be a
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   motion.
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             COMMITTEE MEMBER YEE: So moved
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             VICE CHAIRPERSON BILBREY: So moved by Ms. Yee.
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             COMMITTEE MEMBER TAYLOR: Second.
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             VICE CHAIRPERSON BILBREY: Second by Ms. Taylor.
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             Now, a vote by acclamation. All those in favor
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   say aye?
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             (Ayes.)
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             VICE CHAIRPERSON BILBREY: Opposed?
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             Motion carries. Thank you.
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             (Applause.)
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             VICE CHAIRPERSON BILBREY: Congratulations, Madam
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   Chair.
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             CHAIRPERSON MATHUR: Thank you. Well, it is one
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    of the great honors and privileges of my life and my
    career to be able to serve this Committee and the members
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    of CalPERS. So I am very honored to take this up again
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    for another year.
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             Now, let me open for the election of the Vice
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    Chair.
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             Ms. Taylor.
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             COMMITTEE MEMBER TAYLOR: Yes. It's my honor and
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   privilege to nominate Mr. Michael Bilbrey for Vice Chair
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    for the Health Committee.
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             Thank you.
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             CHAIRPERSON MATHUR: Thank you, Ms. Taylor.
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             Are there any further nominations?
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             Any further nominations?
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             Any further nominations?
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             Seeing none. I'll entertain a motion to elect
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   Michael Bilbrey to Vice Chair of this Committee by
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    acclamation.
             COMMITTEE MEMBER YEE: Move it.
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             ACTING COMMITTEE MEMBER BOYKEN:
                                               Second.
             CHAIRPERSON MATHUR: Moved by Ms. Yee, seconded
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   by Mr. Boyken. Any discussion on the motion?
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             Seeing none.
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             All those in favor say aye?
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             (Ayes.)
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1 CHAIRPERSON MATHUR: Motion carries.

All opposed?

Seeing none. Motion carries.

VICE CHAIRPERSON BILBREY: Thank you.

(Applause.)

CHAIRPERSON MATHUR: Okay. Let's move on to the Executive report, Mr. McKeever.

DEPUTY EXECUTIVE OFFICER McKEEVER: Thank you,
Madam Chair, members of the Committee. Doug McKeever,
Calpers staff. And first, let me extend my
congratulations to you, Madam Chair, and Vice Chair for
your election this morning.

on, two are health care related and one is on the retirement side. For the health care side, the two items, the first one I'm going to tackle the excise tax. And as I promised at the January off-site, any updates that come up relative to the tax as we move forward, I'll bring back to your attention, so that you're aware of what's going on back in D.C.

You may recall that we've already gotten a delay of the excise tax until 2020. However, on the 9th of February, the President released his budget for '17, and it does actually include some modifications to the excise tax. So for the first time, there has been written

indications of the flaws in the tax, and some of the things that the President has outlined to address in that tax. Some of the things look at the geographical differences. We've talked about the geographic differences that are currently in the tax where it's the thresholds are spread across the country consistently. There's now thought that there should be some geographic differences in those thresholds.

And then there's some issues relative to the flexible savings account and how the applicability of that account will now apply versus how it was intended in the actual law itself.

And then finally, and what is encouraging, is they're funding the governmental accounting office to study the effect of the excise tax on employers, especially those who have unusually sick employees. So three areas in which we will continue to keep focus and energy and effort on, looking at those as it moves forward. Obviously, a lot can happen. These are just proposals in the actual budget itself. And as this moves forward, we'll keep you updated. It will be a long journey, no doubt.

The second, and this came up yesterday, so I don't know if anybody caught this in the press clippings, but the Centers for Medicare and Medicaid Services, along

with the America's health insurance plans reached an agreement on how to measure physician quality in seven medical areas. And this is great news as it relates to, I think, consumers wanting to understand how their doctors and how they pick doctors, how they can go to a source and actually get some viable quality metrics to assist them in that endeavor.

And so this is great news as it applies to both Medicare and the commercial market. It's also great news as it relates to doctors, because it's been an administrative burden when multiple insurance plans are asking for different quality data and metrics. This will now consolidate that for the first time, at least at the federal level, so that initially those seven that are rolled out will be consistently applied and measured.

It's going to take some time to implement. They now need to go through the federal regulatory process to get approval of these seven. So there's again a lot of work that needs to be done with this, but really good news on that front.

Moving on to the retirement side. On January 27th of this year, the IRS issued a notice of proposed rule-making on the applicability of normal retirement age regulations to govern pension plans. Those proposed regs provide guidance for determining whether a governmental

pension plan's normal retirement age complies with the IRS code.

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So we're working with our federal representatives right now. We're following the developments that are taking place in D.C. on this issue, as well as looking at and analyzing those proposed regulations to determine whether or not we're going to submit public comments. If we do so, those comments are due April 26th, 2016. So we have some time to continue to weigh-in and determine whether or not we want to make a public comment.

Madam Chair, that concludes my comments for this morning.

CHAIRPERSON MATHUR: Thank you, Mr. McKeever.

We do have one member who wishes to speak. Mr. Jelincic.

BOARD MEMBER JELINCIC: Doug, on the normal retirement age for governmental plans and the IRS, what's the catch there? I mean, why is that important?

DEPUTY EXECUTIVE OFFICER McKEEVER: Mr. Jelincic, I would need to bring forward someone who's done the analysis on that initially. I'm not aware of the specifics of that. So if you're comfortable, I'd like to get back to you on that particular question.

BOARD MEMBER JELINCIC: That's fine.

DEPUTY EXECUTIVE OFFICER McKEEVER: Thank you.

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BOARD MEMBER JELINCIC:
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                                     Thank you.
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             CHAIRPERSON MATHUR: Thank you.
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             Okay. We'll move on to Agenda Item number 4, the
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    action consent items, approval of the December 2015
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    meeting minutes.
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             VICE CHAIRPERSON BILBREY: Move approval.
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             CHAIRPERSON MATHUR: Moved by Mr. Bilbrey.
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    there a second?
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             COMMITTEE MEMBER TAYLOR:
                                       Second.
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             CHAIRPERSON MATHUR: Seconded by Ms. Taylor.
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             Any discussion on the motion?
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             Seeing none.
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             All those in favor say aye?
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             (Ayes.)
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             CHAIRPERSON MATHUR: Motion passes.
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             Move on to Agenda Item number 5, which is the
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    consent items. I had no requests to pull anything off of
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    consent.
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             So moving on to Agenda Item number 6, State
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   Legislative Proposal: Retirement Options Simplification.
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             Ms. Lum.
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             DEPUTY EXECUTIVE OFFICER LUM: Good morning,
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   Madam Chair. Donna Lum, CalPERS staff. And joining me
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    this morning is Anthony Suine who will be presenting this
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    item. Before we get started on the item, I would like to
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also extend my appreciation and congratulations to Priya Mathur as the Chair of this Committee, and Michael Bilbrey for the Vice Chair. It's a wonderful committee to work with. I have had the privilege over the last couple of years to work with you and look forward to continuing to work with you as we move forward a number of really important items this year. So congratulations.

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CHAIRPERSON MATHUR: Thanks you. Thanks, Donna.
CHAIRPERSON MATHUR: Mr. Suine.

BENEFIT SERVICES DIVISION CHIEF SUINE: Thanks,

Donna. Congratulations to you both. Good morning, Madam

Chair, members of the Committee. I'm Anthony Suine,

Calpers staff.

And Agenda Item 6 is an action item that is a follow-up to the information and recommendations I previously provided to the Committee in February and October of 2015. Approval of this item will allow staff to pursue the necessary legislative and regulatory changes needed to implement the proposed retirement options.

In case you all don't remember the events of the last year, I'll just recap them briefly. From the February 2015 Committee meeting, we recommended eliminating two of the option 4 retirement choices that were elected less than 100 times over the last 25 years. In addition, we recommended consolidating three of the

flexible beneficiary retirement options into one option.

The Committee was supportive of that action, and requested additional analysis to be performed to see if further simplification made sense. At the October 2015 committee meeting, I brought back the additional analysis on each of the retirement options and provided them to the Committee. And a recommendation was made to pursue legislative changes to reduce the number of retirement options from 13 to five.

At that meeting, we had some stakeholder feedback asking us to provide additional information about the option selections and outcomes for their specified member population, specifically the school members, and asked to consider the seven options to allow for further stakeholder outreach to occur prior to bringing a final recommendation back to the Board.

The Board did request us to move forward with the seven, until we could do that further analysis. So based on that request, we did provide that additional data to the school member group. We reviewed that data with them. And after consideration of the additional data, we followed up with our stakeholders, and there was no opposition to us pursuing our original recommendation.

Therefore, our recommendation today is back to our original recommendation to pursue legislative and

regulatory actions to reduce our number of retirement options from 13 to five, which are listed in your agenda item.

While we understand different approaches to our optional benefits may be feasible, we believe best practices of other retirement systems and our years of data suggest the options we are proposing to retain are those that are the most popular and provide for the most appropriate amount of financial flexibility for our members.

I'm happy to take any questions.

CHAIRPERSON MATHUR: Thank you. This is an action item. What's the pleasure of the Committee?

Mr. Jelincic.

BOARD MEMBER JELINCIC: Do we have a vested -- do we have a vested rights issue where people came into the system having these rights and now we're saying these options are no longer available?

BENEFIT SERVICES DIVISION CHIEF SUINE: So as with any statutory change that affects benefits, there is a potential vested rights issue, but we believe that the retirement options we are -- have remaining provide our members with benefit simplicity without significantly impacting their retirement choices. So there shouldn't be a significant vested rights issue made.

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1 BOARD MEMBER JELINCIC: Thank you.
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CHAIRPERSON MATHUR: Thank you. We do -- Mr.

Boyken.

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4 ACTING COMMITTEE MEMBER BOYKEN: Thank you.

Thanks for the report, and the work that you've done over the last year in reaching out to stakeholders. One of the things we hear year after year with the cost effectiveness measures report is that part of our costs are related to our complexity. And this is, you know, one solution that,

So with that, I would move staff's recommendation.

you know, gets a little more towards Simplicity.

COMMITTEE MEMBER YEE: Second.

14 CHAIRPERSON MATHUR: Moved by Boyken, seconded by 15 Yee.

There is a request to speak from the public.

David Haxton, are you here in the room?

Seeing that he's -- not seeing him, I will move -- sorry.

BOARD MEMBER JELINCIC: There was a written statement.

CHAIRPERSON MATHUR: There was a written statement from him. Okay. So it's -- there's a written statement from Mr. Haxton in our files apparently. I'm not sure if I've seen it.

Okay. Thank you. Okay. So since every

Committee member has his statement, there's a motion on
the table. Mr. Gillihan, did you want to speak at this
time or just to note --

COMMITTEE MEMBER GILLIHAN: Yes.

CHAIRPERSON MATHUR: Yes, you did?

COMMITTEE MEMBER GILLIHAN: Yes.

CHAIRPERSON MATHUR: Oh, sorry. Go ahead, Mr.

Gillihan.

COMMITTEE MEMBER GILLIHAN: Thank you, Madam Chair.

David Haxton, has staff had a chance to review the issues he raised, in particular the option for further simplification as opposed to having an option for 50 and 100 percent, just to have a generic option that allows the member to pick a percentage? And then -- because we have that option anyhow, so why do we need all three? And I think that's a good paint -- or a fair anyhow. And then this notion about continued over-collections of people that live past a certain age. I just wondered if you could comment on that and the validity of that argument?

BENEFIT SERVICES DIVISION CHIEF SUINE: Sure. We did have a chance, and I had some communications with Mr.

Thank you.

Haxton as well. Regarding the -- yes, flexible beneficiary option does provide for any choice of percentage or specific dollar amount for that beneficiary. However, the two most popular choices are 150 percent -- 100 percent and 50 percent of an ongoing lifetime benefit. So we felt calling those two out is more explainable to the member and understandable to the member. And so we feel it is more prudent to have those two along with the multiple beneficiary option.

In regards to the question is about the option one. And when I choose an option one, I have a reduction in my benefit over the lifetime of that benefit, even though my contributions might expire after 10 or 12 years. And what I explained to Mr. Haxton is that it's -- it is an insurance, and that if we calculated it to last only over those 10 to 12 years, the cost of that reduction would be much greater. So it's much more affordable to the member to provide that insurance of the option 1 by amortizing that cost over the lifetime of the benefit, as opposed just to over the 10 to 12 years.

COMMITTEE MEMBER GILLIHAN: And when we do that, are we somehow subsidizing that option? I mean, I don't know. I'm trying to figure out how the math works here. Maybe Alan can shed some light on it for us.

BENEFIT SERVICES DIVISION CHIEF SUINE: Sure.

CHIEF ACTUARY MILLIGAN: So all of the option factors are calculated to be cost neutral, so that we're not expecting to get a gain or a loss as a result of an individual member electing a particular option. So this option is not subsidizing. As Anthony correctly stated, if we were to only collect -- you know, only have the reduced pension amount for the period where the member contributions were still being paid out, we would have to take a larger reduction from the member's retirement, in order for it to be cost neutral.

And there's an added administrative complexity to, you know, bumping the pension amount back up. Since what we're trying to do here is to simplify things to minimize administrative costs, it just makes sense to continue the refund -- the cost of the refund feature the way we are currently doing it.

COMMITTEE MEMBER GILLIHAN: Great. Thank you.

CHAIRPERSON MATHUR: Thank you.

Mr. Jelincic.

BOARD MEMBER JELINCIC: Given that David had asked this be read into the record, I would like to rather request that we simply give a copy to the court reporter and ask him to attach it to the transcript.

CHAIRPERSON MATHUR: I don't -- oh, I see. This was for him to read himself I think during public comment,

because he did submit a request to speak, but he's not here. I don't particularly have an objection to attaching it, but he's not here for his own public comment.

Okay. There's a motion --

GENERAL COUNSEL JACOBS: Madam Chair, if I may?
CHAIRPERSON MATHUR: Yes, Mr. Jacobs.

of what Mr. Jelincic just mentioned, we should make clear that the letter is part of the public record, and that we would make copies available at the back of the room, as soon as they can be made and placed back there.

CHAIRPERSON MATHUR: Thank you. Okay. And do you think we should just attach this to the record as well, would that be helpful?

GENERAL COUNSEL JACOBS: I don't think that's necessary. But certainly, they should be made available in the back of the room.

CHAIRPERSON MATHUR: Okay. So copies of the letter will be made available to the back of the room, as soon as copies can be made.

All right. Seeing no further requests to speak, there's a motion before you.

All those in favor say aye?

24 (Ayes.)

CHAIRPERSON MATHUR: Any nays?

1 Any abstentions?

COMMITTEE MEMBER GILLIHAN: Yes.

CHAIRPERSON MATHUR: Please note Mr. Gillihan's abstention.

Okay. We'll move on to the next agenda item,

Agenda Item number 7, Customer Service and Support

Performance Update. Ms. Lum.

DEPUTY EXECUTIVE OFFICER LUM: Thank you. Donna Lum again, CalPERS staff. Alongside me is Anthony Suine.

Agenda Item number 7 is an information item.

It's our quarterly update on customer service performance.

And we're happy today to share with you that customer service and performance overall continues to remain very high and very strong.

However, we would like to raise a metric to your attention, which was inadvertently omitted from the original agenda item. However, it is featured in the hard copy revised agenda item that you should have received in your folder today. The website will be updated shortly with the revised agenda item.

The metric is related to our overall customer satisfaction regarding our payroll reporting process, which we engage our business partners or our employers in. And during Anthony's presentation, he'll provide some additional information surrounding that particular metric,

which does meet our exception reporting to this Committee.

Before Anthony gets started, I'd like to share a couple of things with you. One is as part of our ongoing commitment to provide customer service and to reach out to our membership to enhance our customer experience, we continue to engage in our Customer Benefit Education Events, which I've reported to this Committee on several occasions.

We kicked off the 2016 series of CBEEs in Rohnert Park, which was on January 29th and 30th. And our members were very appreciative of the fact that CalPERS has hosted this CBEE in that area. During this event, we were able to serve more than 1,100 members over the two days. And our customer service teams were very happy to see a few of our Board members in attendance at the event.

Our next event is scheduled for February 26th and 27th. And it will be in Seaside, Monterey. Also, in the agenda item is the schedule for the benefit events. And we also do have copies in the back room available for the members that are here. And it looks likes this. Shortly, we will have them all posted as well on our website.

We believe that the schedule allows us to carry out our education and outreach to very many locations, including a few remote locations across the State. And we're always very appreciative of hearing from our members

feedback regarding the education and the services that they -- that they receive at these events.

And with that, I'd like to turn the presentation over to Anthony, and he'll cover some highlights on some new things that are happening.

CHAIRPERSON MATHUR: Thank you. Mr. Suine.

BENEFIT SERVICES DIVISION CHIEF SUINE: Good morning again, Madam Chair, members of the Committee.

Anthony Suine, Calpers staff.

I wanted to take a minute to share with you some of the opportunities and customer service highlights in the CSS Branch over the last quarter, and some exciting things we have upcoming. As we approach the new open enrollment season, we're excited about being able to deliver our health enrollment information in a new fashion, that provides more efficient ways for members to access personalized health data. That's in line with our green initiatives and provides a cost savings to the organization.

For 2016, all active and retired members will receive their open enrollment information electronically via their my CalPERS member self-service accounts. This will allow members to have a more dynamic view of their health information with specialized messages that are personalized to them and links to resources that are more

applicable to their situation.

For those members who prefer to continue receiving a hard copy of health enrollment information, a robust marketing campaign will be rolled out to allow them to opt in to receiving their materials in the mail, and also to opt in for hard copies for future open enrollment years. Subscribers will be receiving notifications in March and social media and newsletters will also be used to communicate these changes.

In the area of customer service, one program we have focused on making improvements recently is the replacement benefit plan. And this is a relatively small program administered by CalPERS that impacts retirees who are subject to Internal Revenue Code 415(b). When the membership population in this program was extremely small, it could be administered manually. However, with the population doubling -- more than doubling over the last couple of years, we had to move to an automated process that was more customer friendly and compliant with the IRS rules.

Now that our system rules are stable, we've been looking at ways to improve the customer service for these participants. Changes were recently made in December that have significantly improved the timeliness of the payments from our employers to the plan, which then expedites the

payments to our participants for this program.

We're excited about those changes, and I believe our members have seen those improvements, and we have some future enhancements scheduled as well to improve communication and customer service even further in this area.

Further, on customer service, we have the area of charter schools. And previously, we've been in front of you we've discussed our new process for reviewing, approving, and enrolling eligible charter schools. And we just wanted to report that the process is working efficiently and effectively, and it's helped prepare us for a potential increase in contract requests from our charter school population.

Lastly, as Donna touched on, in the area of customer satisfaction, in December, I had the opportunity to present our strategic measures to you. One was related to customer satisfaction surveys. And with your help, we established a threshold of 85 percent. And that if any survey within that strategic measure fell below 85 percent, we would come and give an update to you about that survey and what's being done to mitigate that lower score.

And so ending the second quarter of 2015, our on-line survey which covers our payroll reporting process,

which surveys our employers as they submit payroll data to us on a monthly or more frequent basis, fell below the reporting threshold. And it is at 82 percent currently, so slightly below the 85 percent.

What we've done is we've looked at -- the survey also has several touchpoint questions of the process, engaging their satisfaction with each touchpoint, as well as the ability to provide comments. So we looked at the scores of each touchpoint. We really reviewed their comments and what they're asking for. And we've -- we are making changes. We've made some already that -- the two major issues with -- were with the navigation of the payroll submission pages, and the reporting of that payroll, the reports they can run.

So we've made some recent improvements to those areas. We have some future enhancements scheduled that will help improve their score. It is a complex and arduous process, so we continue to work with them in hopes to improve those scores and reach our goal of 95 percent satisfaction.

That concludes my report, and I'm happy to take any questions.

CHAIRPERSON MATHUR: Thank you. Excuse me. Mr. Jones.

COMMITTEE MEMBER JONES: Yeah. Thank you, Madam

Chair. Yeah, I have a few questions on the health plan statement improvement, and always looking to see efficiency and improvement. And so one of the first questions about improvements in efficiency is what are the potential savings, so that savings then end up resulting to the member. So is there a potential savings related to this activity?

BENEFIT SERVICES DIVISION CHIEF SUINE: There is a potential savings of over a half a million dollars.

We're -- that isn't our major concern. Our major concern is providing the more specialized information to our subscriber population, but there is a cost savings of upwards of a half a million dollars.

COMMITTEE MEMBER JONES: And the second question is you have a proposal to opt-in to continue to receiving materials by mail. What about opting out? In other words, reversing it, so there's no requirement on the person to act?

BENEFIT SERVICES DIVISION CHIEF SUINE: Sure. We considered opting everybody out or opting everybody in, and have them opt-in to go on-line. Previous communications where we've done this before, such as annual member statements, and our retirement warrants, the level of adoption isn't there. And so we really wanted to push the customization, the real-time data, to our

members. And we felt that with a robust marketing campaign, we would hit those individuals who really still prefer to receive the on-line communication via the mail and hard copy, provide them ample opportunity to do that.

So we felt that this was more efficient having them opt-in to the hard copy. And it is a best practice in the industry that this type of information is provided via the member self-service account.

COMMITTEE MEMBER JONES: And so what is your back-up plan to ensure that no one falls through the cracks?

BENEFIT SERVICES DIVISION CHIEF SUINE: So we have, as I mentioned, a robust marketing campaign that's going out in March. We'll let every subscriber know that they can send back a postcard -- a simple postcard that's provided to them to opt back in to receive a hard copy. They can call our contact center. Our phone tree will have the ability for them to press a button to opt back in to receiving a paper form or they can speak to a contact center agent who can opt them in.

And even if they were to miss the deadline for this open enrollment period, at any time, they could call the contact center, receive a hard copy of that information in the mail, and opt-in to receive that paper for a future year of open enrollment.

COMMITTEE MEMBER JONES: Okay. Thank you.

My next question is on the charter schools. I see you indicate that there are 12 schools with 16 in the queue for review. Does this cover all charter schools that were at risk from the beginning?

DEPUTY EXECUTIVE OFFICER LUM: Yes, it does. So basically, what we have left in the queue are those in which we may be waiting additional information. As far as the timing and the timeliness of processing the applications when we get them, they're very timely. I think we're turning them around in less than 30 days currently. So anything that's pending is because we're awaiting additional documents or information to be able to move those forward.

COMMITTEE MEMBER JONES: Thank you.

CHAIRPERSON MATHUR: Thank you. We do have two members of the public who wish to speak on this item. Mr Behrens. And then following him Mr. Linn. You can both take a seat over here and the mics will be turned on for you. Please identify yourself and your affiliation for the record, and you'll have three minutes to speak.

You're on.

MR. BEHRENS: Okay. Thank you. Congratulations again, Madam Chair and Vice Chair.

CHAIRPERSON MATHUR: Thank you.

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             MR. BEHRENS: Board members, I'm Tim Behrens.
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    I'm the President of the California State Retirees.
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    wanted to share an issue that just happened yesterday with
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    a member who was upset about Delta Dental. And it seems
    that Delta Dental would not pay his bill at his dentist.
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    So he tried to get on Delta Dental's website, which he
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    said was very unuser-friendly.
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             And so then he called CalPERS. And within 15
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   minutes CalPERS solved his problem. He had been a member
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    of Delta Dental for over three years. They did arrange to
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    make the payment to the dentist. The dentist was happy.
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    The member was happy. And it's another example of what I
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   believe CalPERS has increased the help with the
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    stakeholders in my organization, and --
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             (Thereupon a phone rang.)
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             MR. BEHRENS: Excuse me for not turning my phone
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    off.
             COMMITTEE MEMBER JONES: Five dollars.
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             (Laughter.)
             MR. BEHRENS: Five dollars?
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             CHAIRPERSON MATHUR: You should know.
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             (Laughter.)
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             MR. BEHRENS: You could take that out of my
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   pension. Thank you.
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             (Laughter.)
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MR. BEHRENS: I want to highlight a couple of people that have been working with our organization since the changeover to the UnitedHealthcare for Medicare stakeholders, and that's Rita Gallardo and Corinne[sic] -- and I'm sorry if I butchered your name Corinne[sic].

We have had, I would say, probably 90 percent of our cases, where we've had people that have had issues, within 24 to 48 hours, with their help, our members are on track, understand what their options are, and have moved forward. And this is something that we have never had this level of communication from CalPERS with our members. The head of our health care committee, Stephanie Hueg, is in constant contact with these two ladies, and other members of CalPERS staff specializing in when you think you've heard them all, there's always one more issue that's different from all the other issues that we have.

We really enjoy continuing to get information from CalPERS and put it into our monthly newspaper that goes out to over about 35,000 former State employees. So we're trying to Educate our members, and we really appreciate the CalPERS staff giving us information, and working with us on issues that sometimes we don't like the outcome, but there is an outcome, and we can move along, and our members stay informed. Thank you.

CHAIRPERSON MATHUR: Thank you so much for your

comments. It's always wonderful to hear good feedback about our customer service and our staff. Thank you, Rita.

MR. BEHRENS: Yeah. I am hoping that somewhere that someone here today can help us understand the 1095Bs that are coming out. They're just now starting to filter their way to our membership. I haven't gotten one yet, and I don't know if I'm going to have to redo my taxes, because I'm getting this after the fact, after I've already filed my taxes. And if there's anybody today that could touch on that issue, that would be helpful.

CHAIRPERSON MATHUR: Mr. McKeever, is that something you can address on the fly, or do we need to circle back around?

DEPUTY EXECUTIVE OFFICER McKEEVER: We can address that on the fly. In fact, we flew so fast, we addressed it yesterday.

(Laughter.)

CHAIRPERSON MATHUR: Turning back time.

DEPUTY EXECUTIVE OFFICER McKEEVER: We were made away of this particular issue, and actually we provided Stakeholder Relations some additional information clarifying the 1095B issue. That should have been already sent out to the retiree stakeholders. So I will make sure that that is done. If that clarification is not

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    sufficient, we will continue to work with them.
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             CHAIRPERSON MATHUR: Okay. Thank you.
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             MR. BEHRENS: Thank you.
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             CHAIRPERSON MATHUR: Before we move on, Mr.
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    Jelincic.
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             BOARD MEMBER JELINCIC: Doug, can you educate a
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   Board member a little bit. What's a 1099B?
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             DEPUTY EXECUTIVE OFFICER McKEEVER:
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    requirement under the affordable care act, whereby we have
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    to send out notification to the members relative to their
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    health care spend. And the fact that they're getting
   health care. It's validation of receiving health care.
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    It's for the federal government to find out who isn't
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    getting health care, and then by virtue of not having
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   health care, there are penalties associated with that.
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    it's a notification process really is what it comes down
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    to.
             CHAIRPERSON MATHUR: Notification and
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   verification of having health care.
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             DEPUTY EXECUTIVE OFFICER McKEEVER: That is
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    correct.
             CHAIRPERSON MATHUR: Mr. Jones.
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             COMMITTEE MEMBER JONES: Yeah. I just -- based
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    on J.J.'s question, I'm wondering -- I've received mine,
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and is this just a retiree thing?

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CHAIRPERSON MATHUR: No. No, it's not. It's for everyone.

Okay. Mr. Linn.

MR. LINN: George Linn, President of RPEA. And first of all, congratulations to the reelection of the Committee Chairs and Vice Chair.

Committee members, my concern is not for me, because I believe in moving electronically to everything we can do. But when we take a look at what my constituents are, the retired folks out there, about 30 percent of our members identify that they have email addresses. I don't know how many of those lie to us or go on-line to my|CalPERS. I have no idea what that tracking record is.

But to have a situation where they opt out of electronic, bothers me, because I think -- I don't care how much we tell them ahead of time, when it comes down to the point in time that they need to opt-out to get something written, it's not going to happen. And I am concerned that we're going to have a lot of seniors that are going to miss the open enrollment process.

CHAIRPERSON MATHUR: Thank you for your comments. This is not really notification of the open enrollment process. It's really the EOC information, plan statement information, correct?

1 DEPUTY EXECUTIVE OFFICER LUM: Yes.

CHAIRPERSON MATHUR: Okay. Thank you.

Mr. Jones.

COMMITTEE MEMBER JONES: No, I just was going to follow up on that particular question, so you've already answered it.

CHAIRPERSON MATHUR: Thank you.

Okay. We will move -- seeing no further requests from the public, we'll move on to Agenda Item number 8, Public Agency Recruitment and Retention for the Health Benefits Program. Thanks for --

DEPUTY EXECUTIVE OFFICER LUM: Thank you.

So Agenda Item number 8 is an information item. And it's related to our public agency recruitment and retention for the Health Benefits Program. And it's a look back at what happened during the fiscal year -- or the year 2015.

So during the 2015 calendar year, we were able to add 16,402 total covered lives to the program, and that included 23 new agencies. And the details surrounding those new agencies are featured on the Attachment 3 in the agenda item.

As in past years, we also experienced termination of some agencies, which resulted in a loss of 6,122 total covered lives. And a breakdown of those terminations is

also featured on Attachment 2.

When you total the gains and losses for 2015, our efforts resulted in a total net gain of 9,920 additional total lives -- our total covered lives, which is on Attachment 1. Attachment 1, however, I want to bring to your attention does feature an incorrect total. And the actual total net gain is 9,920 as I mentioned.

I also understand that the chart that we had in the attachment on the top of page two added some confusion, in terms of what the total loss and total net gain was of the total covered lives.

And so as a point of clarification on page two, there is a table that highlights the average annual net gains and losses. The first three rows point out what our average gains and losses are, as well as our net gain from 2012 and 2015. The fourth row reads average net loss 2012 to 2015, and it should actually read total net loss, not average net loss, for those particular years.

So when you look at that, we lost a total of 17,870 total covered lives during that time frame.

However, we did net over 38,755 additional total covered lives. So I think the mislabeling of that row added to some confusion, and I just wanted to clarify that.

CHAIRPERSON MATHUR: I'm sorry, Ms. Lum.

DEPUTY EXECUTIVE OFFICER LUM: Sure.

CHAIRPERSON MATHUR: If I could just -- so the net loss, that is the losses net of the gains, is 17,870 over that time period?

DEPUTY EXECUTIVE OFFICER LUM: So yes, the total net less, not the average per year.

CHAIRPERSON MATHUR: The total net loss, not the average. The total net loss.

DEPUTY EXECUTIVE OFFICER LUM: That's correct.

CHAIRPERSON MATHUR: Okay.

DEPUTY EXECUTIVE OFFICER LUM: So as we move forward, we continue to work with our health plan partners and prospective agencies and school employers to promote and create more awareness of the Calpers health benefits. And I think Doug would like to provide some additional information surrounding some of the terminations and what we might be seeing going forward in the future.

DEPUTY EXECUTIVE OFFICER McKEEVER: Thank you,
Donna. I just wanted to call out what may be obvious in
Attachment 2, and it lists the reasons for the contracting
agencies for departing CalPERS. And I think there's a
theme here that we just need to be aware of and cognizant
of as we move forward in our planning efforts to ensure
that this program is attractive to contracting agencies
moving forward.

The two themes that I -- that resonate are that

agencies are leaving us because of low deductible -- or a high deductible low cost premium plans that are being offered in the -- whatever the plan or program is that they have moved to outside of Calpers.

The other option is no surprise. We brought this up in our public agency retirement project a couple of years ago. And that is some of the agencies are leaving us as a result of the retiree coverage, the mandate that we have in our program.

So I just wanted to call out that those are two themes that we see. And we're going to be looking at those and planning for efforts to bring back to this committee in the near future some strategies as to how we can push forward and address this, and then seek your guidance on some of those ideas and suggestions moving forward, so that we can direct staff to certainly look at whether or not we can be more attractive in the future in our Health Benefits Program.

CHAIRPERSON MATHUR: Thank you.

Ms. Yee.

COMMITTEE MEMBER YEE: Thank you, Madam Chair.

Thank you, Mr. McKeever for pointing out the -- kind of a common theme among the reasons for terminating. Conversely, do we have any information as to why we're attracting new employers and employee groups?

DEPUTY EXECUTIVE OFFICER McKEEVER: Yeah. Ms.

Yee, I don't -- I don't know, and we certainly can't -- and are not able to quantify today why those agencies have joined Calpers. We can certainly speculate that the fact that the Calpers program is still a very attractive health benefits program to many of our employers and those seeking health care.

It also can be attributed to some employers that we know have left us in the past. And when they do so, they think that they're going to get a benefit. A couple of years into that, they find out that they're not getting the achieved savings that they had hoped, and then they come back into Calpers. So it's probably a combination of things that are drawing them into Calpers. I just can't quantify it.

COMMITTEE MEMBER YEE: Right, such a broad diverse array of agencies.

DEPUTY EXECUTIVE OFFICER McKEEVER: Yeah.

COMMITTEE MEMBER YEE: I was just curious. Okay.
Thank you.

CHAIRPERSON MATHUR: Thank you.

Mr. Jelincic.

BOARD MEMBER JELINCIC: Doug, do we track people who have left to see if they are getting what they think they're going to get? I mean obviously we've had some

who've said, gee, you know, we kind of got conned and we're coming back. But do we regularly track to see if they're getting the kind of savings they had anticipated?

DEPUTY EXECUTIVE OFFICER LUM: Mr. Jelincic, that's a good question. So one of the things that we have added into our marketing and outreach strategy this fiscal year is we are reaching back to agencies that terminated, because there's a five-year waiting termination -- or waiting period when an agency terminates, whether they want to consider coming back to Calpers.

And so what we're going to be doing is reaching out to those agencies to inquire about the current status of their health benefits, and if there's anything that CalPERS can do to provide any additional information. So, more or less, finding out the current state.

We're also going to be reaching out to those agencies that terminated within four years, because they have another year before they can decide whether they want to come back to CalPERS, and determine again if there's additional information that can be provided to them based on what their understanding was when they left CalPERS, what they had anticipated and expected going to a different health coverage, and to provide any updated information that we can share at that time to help them make any potential decisions that they might be facing in

the near future. We had not done that previously and that was part of our new plan this year.

BOARD MEMBER JELINCIC: Okay. So we will start capturing that going forward?

DEPUTY EXECUTIVE OFFICER LUM: Correct.

BOARD MEMBER JELINCIC: Thank you.

CHAIRPERSON MATHUR: Thank you.

Mr. Slaton.

BOARD MEMBER SLATON: Thank you, Madam Chair.

I'm interested in some broader statistics here. And I

guess I could research and do the math, but maybe you have

quick answers to this. So the universe of covered lives

that we provide for, what is that as a percentage of the

total covered lives in -- who -- you know, of the total

universe, in other words all public agencies who could be

in our system versus what we have?

And then the other piece -- the other statistic that I think would be useful to know is that of that universe, and this -- maybe there's too much work to derive this number, but there's -- I've heard two conditions talked about when you talk about why they left. One was that looking for a high deductible plan, a low cost plan, and the other one was our requirement for retiree health care.

And it would be interesting to know of the

universe, how many covered lives are under local government plans that do not provide retiree medical? I don't know if that's a determinable number or not. But I think that understanding the universe that we're in might be useful to the Committee and the rest of the Board members.

DEPUTY EXECUTIVE OFFICER McKEEVER: So, Mr.

Slaton, I don't think -- we don't have either one of those readily available. We would actually have to look into both of those. I do know, for example, on the school side, there are many, many, many school districts that are not part of Calpers that are eligible to join Calpers, and they've chosen alternative programs.

Relative to public agencies, cities, counties, special districts, that would require quite a bit of effort on staff's part to look into that to find out what that universe is. So we would have to go back and look at whether or not that's something we could pull together.

BOARD MEMBER SLATON: I see. So the -- but the covered live percentage, is that -- that's a fairly easy determinable number, because we know on the pension side how many people we have in the system.

DEPUTY EXECUTIVE OFFICER McKEEVER: Yes, we do, and we also know how many agencies that contract with Calpers for pension only that don't contract with the

health side, so that one we can gather.

BOARD MEMBER SLATON: That one is easy to get.

DEPUTY EXECUTIVE OFFICER McKEEVER: Yeah.

CHAIRPERSON MATHUR: Although, do we necessarily

5 | know how many dependents each of those would --

DEPUTY EXECUTIVE OFFICER McKEEVER: We would not

know the number of dependents --

CHAIRPERSON MATHUR: It wouldn't be total covered

9 lives.

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DEPUTY EXECUTIVE OFFICER McKEEVER: -- relative to total covered lives. We would just be able to know the number of agencies that don't currently participate in the PEMHCA program, yeah.

And then your other question about how many of those local agencies that don't contract with us may not provide retiree coverage again --

BOARD MEMBER SLATON: It's hard to determine.

DEPUTY EXECUTIVE OFFICER McKEEVER: -- that would be an effort that we would have to look at finding at how we would actually collect that data from those agencies that were currently not members of PEMHCA.

BOARD MEMBER SLATON: Well, I know you're stressed on workload, so I'm not sure --

CHAIRPERSON MATHUR: It might be something to think about for a future time.

BOARD MEMBER SLATON: All right. Thank you.

CHAIRPERSON MATHUR: Thank you, Mr. Slaton.

Mr. Bilbrey, did you have something?

VICE CHAIRPERSON BILBREY: Yes, just real quick.

So do we have any numbers on the number of plan -- or agencies who have come back after they've left? Do we

7 have those kind of numbers?

DEPUTY EXECUTIVE OFFICER LUM: Our little button here is hard to press. Although, again, I don't have that readily available, that's information that I can go back to our team and find out if we have that information.

VICE CHAIRPERSON BILBREY: That would be good. That would be helpful.

CHAIRPERSON MATHUR: Thank you.

Mr. Boyken.

ACTING COMMITTEE MEMBER BOYKEN: Thanks. Just real quick to Mr. Slaton's question. This is about a decade old now, but in 2007 there was a commission that did a pretty comprehensive -- it was a commission to look at retiree health and pension benefits, but they did a comprehensive survey. And then CalSTRS in 2008 looked specifically at school employers to see who offered what and what the retirees got. I don't know if those have been updated, but there might be other sources out there so that we wouldn't have to do the work. Maybe the League

of Cities or CSAC has done something.

CHAIRPERSON MATHUR: Thank you. Helpful suggestions. So perhaps to the extent that we can find another sources without ourselves doing a significant survey, that would be -- might be worth looking into.

DEPUTY EXECUTIVE OFFICER McKEEVER: Okay. That's easily doable relative to reaching out to others to see if there's some data. To Mr. Boyken's point, we can certainly look to see how the prior surveys provided that information. Of course, it would be a bit dated back in 07/08, but at least it would give us a flavor.

CHAIRPERSON MATHUR: Thank you. Terrific. Good suggestion.

I see no further requests to speak. Did you have anything else on this item, Ms. Lum?

DEPUTY EXECUTIVE OFFICER LUM: No.

CHAIRPERSON MATHUR: Okay. We'll move on to Agenda Item number 9, Health Open Enrollment Results.

Mr. McKeever.

HEALTH POLICY RESEARCH DIVISION INTERIM CHIEF
FALZARANO: Good morning, Jan Falzarano, Calpers staff.
CHAIRPERSON MATHUR: Good morning.

HEALTH POLICY RESEARCH DIVISION INTERIM CHIEF FALZARANO: So before I begin my presentation, I just wanted to extend my congratulations to Ms. Priya Mathur

and Mr. Michael Bilbrey for your reelection to Chair and Vice Chair of the Pension and Health Benefits Committee.

CHAIRPERSON MATHUR: Thank you.

HEALTH POLICY RESEARCH DIVISION INTERIM CHIEF
FALZARANO: So during this 2015 open enrollment period, we
experienced the largest number of members that
transitioned to other plans for the 2016 plan year. In
total, we had 145,802 total covered lives that moved.
This represents about 10.3 percent of our total
membership. And this is an increase from the prior year's
open enrollment, where we experience a percentage move of
about 6.34 percent, which represented a little bit over
88,000 members.

And so the past two years we've seen an unusually high open enrollment transition. Typically, in years prior to that, our trend has been between three and three and a half percent. So this year's open enrollment is also different than prior year's due to the fact that CalPERS rolled out a single Medicare provider with UnitedHealthcare.

So with this new product, we informed our members that if they wanted -- if they did not voluntarily enroll in an available Medicare plan during the 2015 open enrollment period, which would be Kaiser or one of our PPO plan products, CalPERS would automatically enroll them

into the UnitedHealthcare beginning on January 1st, 2016.

So for those members that are currently enrolled in the Medicare combo plan, and if they lived in an area that did not have access to the UnitedHealthcare basic plan, but yet they had dependents that were not eligible for Medicare, we would enroll these individuals into the PERS Choice plan, so that they can continue with their health coverage.

So for the auto enrollment, we transitioned 34,788 members into the UnitedHealthcare product, and a little bit under 1,700 total covered lives were moved into the PERS Choice plan. So out of the 145,802 total covered lives that moved plans this year, 98,000 of them were in a basic plan, and over 47,700 of those were in a Medicare product.

And so of the 47,000, about 11,200 of those individuals were actually voluntarily elected a Medicare plan during open enrollment while the remainder 36 plus thousand were actually auto enrolled into UnitedHealthcare or PERS Choice.

So for the total open enrollment movement,
UnitedHealthcare experienced the largest total growth of
net gain this year with over 62,458 total covered lives.
Now, the bulk of those, over 39,000 of those, were in the
Medicare product. Kaiser had a net gain of 13,364, with

the bulk of those being in the basic plan, over 12,841 of those individuals. Health Net SmartCare had a net gain of 11,799, with all of those being in the basic plan.

So for our PPO products, two of our PPO products also experienced a small net gain. PERSCare had a net gain of 5,327 total covered lives, with the bulk of those being in the Medicare product. And the PERS Select had a net gain of 3,204 lives with the bulk of those being in a basic plan.

So we did have a couple of our plans this year that did experience some significant net loss. Blue Shield Access+ had a net loss of 41,829 total covered lives, but the bulk of those, over 35,562 of them were in the Medicare product. So these individuals would have automatically transitioned into -- out of Blue Shield regardless.

So Blue Shield NetValue had a net loss of close to 60,000 total covered lives, with over 50,277 of those individuals in the basic plan. So for the two Blue Shield products combined, it was a loss of 101,755 totaled covered lives, with 56 percent of those in a basic plan and 44 percent of those in the Medicare product. And then our PERS Choice had a small net loss of 2,922 individuals.

So the estimated savings that we have from all of those, the annual net premium savings is \$87.2 million.

And on Attachment 2 there is an error on the title of the page. It says State annuitant cost premium savings, but it's actually total program cost savings. The basic plan experienced 66.6 million of that savings, and then the Medicare product experienced \$20.6 million.

The estimated savings may increase or decrease as members make allowed enrollment changes throughout the year.

So that concludes my presentation. I'm happy to answer any questions.

CHAIRPERSON MATHUR: Thank you.

Ms. Yee.

COMMITTEE MEMBER YEE: Thank you, Madam Chair.

Thank you for the report. I was curious, and you may not know the answer to this, but obviously United Healthcare has become attractive to many of our members, but it seems to be the opposite experience of what Covered California is experiencing with respect to Blue Shield, being kind of the top provider of choice.

Any insights as to why that is or why that may be?

HEALTH POLICY RESEARCH DIVISION INTERIM CHIEF

FALZARANO: I would have to compare the premiums and the benefit design structure in the Blue Shield product to be able to answer. I can follow up and take a look at those

benefit design and premiums to determine why Blue Shield is the more favorable plan in Covered California.

COMMITTEE MEMBER YEE: Yeah, it just seems so stark. And, I mean, it's completely the opposite with the Covered California experience, so -- and understanding that there could be different products being offered for it.

HEALTH POLICY RESEARCH DIVISION INTERIM CHIEF FALZARANO: Right. And the Covered California also offer bronze level and silver level -- silver plans in addition to the gold and platinum plans. And so it could be that Blue Shield offers a different type of benefit design that more people are enrolled in, but I really don't -- I would have to go back and do some research. I can't answer that off the top of my head right now.

DEPUTY EXECUTIVE OFFICER McKEEVER: Ms. Yee, I think just to echo on Jan's comments, I think she hit the real point, which is the benefit design structures between the two programs are vastly different. Apart from the fact that we're a group purchaser versus an individual market number one, but number two because they offer the medals, and their silver plan is by far the most popular plan that folks enroll to -- into, that that is primarily what has driven the pricing structure for them in the silver plan versus the group plan that they have with

CalPERS, and the benefit design structures that are different. And that's different primarily because of the out-of-pocket costs that are absorbed by members who go into Covered California, as opposed to what they experience here at CalPERS.

CHAIRPERSON MATHUR: And I believe the actuarial value of the silver plans is about 70 percent?

DEPUTY EXECUTIVE OFFICER McKEEVER: It can go down to 70 percent, that's correct. And as a reminder, our plans -- I think the HMOs are in the neighborhood of 90 plus percent. So we would be in the platinum range for Covered California. So again, if we did an apples-to-apples comparison, we would have to look at their platinum plan and our plans, and then look at the enrollment, and see whether or not there's any congruity between the two. And my guess would be most of the folks are probably in that silver plan.

COMMITTEE MEMBER YEE: Yeah. Okay. Thank you.

CHAIRPERSON MATHUR: Thank you.

Mr. Gillihan.

COMMITTEE MEMBER GILLIHAN: Thank you, Madam Chair.

So on the table on page three, these numbers are groupings -- these have the basic and the Medicare plans lumped together, that's correct, right?

1 HEALTH POLICY RESEARCH DIVISION INTERIM CHIEF 2 FALZARANO: The savings, yes. The total savings. 3 COMMITTEE MEMBER GILLIHAN: Oh, no, the net 4 change. CHAIRPERSON MATHUR: The numbers. 5 6 HEALTH POLICY RESEARCH DIVISION INTERIM CHIEF 7 FALZARANO: Oh, the numbers. 8 CHAIRPERSON MATHUR: On the agenda item, page 9 three of four. 10 COMMITTEE MEMBER GILLIHAN: Yeah, sorry. So I just think it would be helpful in the future 11 12 if when you display this kind of data, if you could break 13 out the Medicare and the basic plans as separate numbers. 14 I know you provided them in your presentation, but I think

kind of see where the movement is happening, and can understand, you know, where it is relative to being basic or in the Medicare plans.

it provides a little more context when we look at this to

DEPUTY EXECUTIVE OFFICER McKEEVER: Yeah, Mr. 20 Gillihan, we're happy to do so.

COMMITTEE MEMBER GILLIHAN: Thank you.

CHAIRPERSON MATHUR: Thank you.

Any further discussion on this item?

DEPUTY EXECUTIVE OFFICER McKEEVER: Madam Chair?

CHAIRPERSON MATHUR: Yes.

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DEPUTY EXECUTIVE OFFICER McKEEVER: I just want to point out one item that we did not include in the agenda itself. And you may recall that the UnitedHealthcare Medicare product offered to contracting agencies an option to enroll in dental or vision. And that that would be done directly between the member and UnitedHealthcare.

And I just want to share with you that it's around 3,000 individuals who took advantage of that particular option.

CHAIRPERSON MATHUR: Thank you. That's helpful.

Any questions from the Committee?

Seeing none.

We'll move on to Agenda Item number 10, which is summary of direction.

DEPUTY EXECUTIVE OFFICER McKEEVER: Madam Chair, I have one item. Apart from the approval of Item number 6, the direction item that I have is to staff's ability to look at what data may be available presently for us to look at relative to agencies who are eligible, the total universe is what Mr. Slaton would call it, to come into PEMHCA, number one. And then number 2 would be if its data is available, look at, of those agencies, which ones do not currently provide retiree coverage.

CHAIRPERSON MATHUR: Yes, but I think if we're

going to look for available sources, not do a -- create a whole new body of --

DEPUTY EXECUTIVE OFFICER McKEEVER: That's

Correct. Right. We'll see what's out there in the space available to us, so that we don't have to actually go out and do it ourselves.

CHAIRPERSON MATHUR: Good. The other thing I had was just a question of how many agencies have left and returned into our health programming, which that should be an easy number to come up with.

DEPUTY EXECUTIVE OFFICER McKEEVER: Okay. Thank you.

CHAIRPERSON MATHUR: Okay. Thank you.

Agenda Item number 11 is public comment. I have no requests to speak here, but are there any members of the public who wish to speak at this time?

Seeing none.

The open session is adjourned.

We will move into closed session in 15 minutes at 9:45, and we expect that to take about 45 minutes.

(Thereupon the California Public Employees' Retirement System, Board of Administration, Pension & Health Benefits Committee open session meeting adjourned at 9:31 a.m.)

2.4

CERTIFICATE OF REPORTER 1, JAMES F. PETERS, a Certified Shorthand

Reporter of the State of California, do hereby certify:

That I am a disinterested person herein; that the foregoing California Public Employees' Retirement System,
Board of Administration, Pension & Health Benefits

Committee open session meeting was reported in shorthand by me, James F. Peters, a Certified Shorthand Reporter of the State of California;

That the said proceedings was taken before me, in shorthand writing, and was thereafter transcribed, under my direction, by computer-assisted transcription.

I further certify that I am not of counsel or attorney for any of the parties to said meeting nor in any way interested in the outcome of said meeting.

IN WITNESS WHEREOF, I have hereunto set my hand this 22nd day of February, 2016.

James & Potter

JAMES F. PETERS, CSR

Certified Shorthand Reporter

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